

ERA

FILED

6/1/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

APR 26 2016 AS

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

KARLTON K. BROWN

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:16-cv-4685

Judge Gary Feinerman
Magistrate Judge Maria Valdez
PC 7

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

C/Os / Sgt On duty
at Court house
in Criminal Court
build on 3/22/16
during court hour

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)

☐ **OTHER** (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Karlon K. Brown
- B. List all aliases: _____
- C. Prisoner identification number: 20151118042
- D. Place of present confinement: CCDOC
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dort
Title: Sheriff of Cook County
Place of Employment: _____
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March-22-16 In the Criminal Court building I was set to see my Judge in Court Room 305 in Cook County Criminal Court bldg, my case was called and I explained to % I need to speak to my public defender before they brought me to the Court Room from the holding cell for 305 I was explained to my lawyer would speak to me in Court Room I explain I didn't want to enter court room before I spoke to my attorney % Brown returned and said my case was passed and my attorney will be back to see me. when my attorney came back she gave me another 33 days away court date and other information I told her I needed to speak to her before she did that

and to get my case recalled she told me no and that the Yo's would take me back to the jail I told her no to have my case recalled. A Sgt Showed up told me to Cuff up I said no him and several officers come in to cuff me while try to cuff me the John Doe Yo Punched me 3 time in left side of face while being transferred to a different unknown holding Pen Yo John Doe while on Elevator Punched me in back of head causing me to hit the fronte of my head on back of Elevator wall at this time I was Cuff and being held by a Yo and Sgt There Eye Came in both location where incidents to place ON 3-22-16 on the 7am to 3pm Shift between the hours of 8am & 12pm in Elevator and Holding Pen for Court Room 305

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

ONE hundred Thousand for pain &
suffering, mental anguish

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 18 day of 4, 2016

Karlton Brown

(Signature of plaintiff or plaintiffs)

KARLTON BROWN

(Print name)

20151118042

(I.D. Number)

2204 N Merrimansett

Chicago IL 60635

(Address)

Inmate Grievance Number: **20162529**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly *or* submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review
3026 S. California Ave
Building 4 / 4th floor
Chicago, Illinois 60608

INMATE COPY



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE
 ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2016 2509

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Brown

INMATE FIRST NAME (Primer Nombre):

KANTON

ID Number (# de identificación):

2015118042

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

260/M. misconduct (Physical) SWIN STAFF

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW HAS NOTIFIED COMMAND STAFF ABOUT ALLEGATION

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE // REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

3/23/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See Attachment

PERSONNEL RESPONDING TO GRIEVANCE (Print):

C. SEDA

SIGNATURE:

M. Vaseda

DIV. / DEPT.

45

DATE:

03/23/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

Z. Santos

SIGNATURE:

[Signature] #713

DIV. / DEPT.

X

DATE:

3/23/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

[Signature] Brown

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

3/25/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

3/25/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I would like to file charges against C/O and will physical and I thought I need to be heard ASAP. DR. TOPS ETC.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

J. Mueller

SIGNATURE (Firma del Administrador o su Designado(a)):

[Signature]

DATE (Fecha):

3/29/16

INMATE SIGNATURE (Firma del Preso):

[Signature] Brown

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

3/29/16